

**UNITED STATES DEPARTMENT OF LABOR
EMPLOYEE BENEFITS SECURITY ADMINISTRATION**

UNDERSTANDING YOUR FIDUCIARY RESPONSIBILITIES UNDER ERISA WORKSHOP

Strong fiduciary oversight and protecting workers' benefits is one of the highest priorities of the U.S. Department of Labor. However, we recognize that understanding and complying with ERISA can be challenging for any employer, but especially so for small and medium sized employers with limited time, resources and/or access to professional assistance.

A free workshop for employers and service providers, **Understanding Your Fiduciary Responsibilities under ERISA** will be offered in your area. The Employee Benefits Security Administration (EBSA) will present an introduction to the Employee Retirement Income Security Act (ERISA) and cover some of the basics of retirement and health plan administration. This will include an overview of the Voluntary Fiduciary Correction Program (VFCP).

Attendees must bring a valid picture ID and be processed through the security entrance. The Federal Building does not allow any electronic equipment, including cell phones. Please leave all electronic equipment and cell phones in your vehicle or office location.

Pre-registration for the workshop is required by September 1, 2015 and space is limited to the first 100 registrants. We ask that you make every effort to attend the workshop once you register or send an alternate. Late registrations will be accepted based upon availability and seats are allocated on a first-come basis. As a courtesy we ask that you turn off all cell phones and electronic equipment during the workshop. Please act quickly to reserve your spot!

When: September 2, 2015; 9:30 – 11:00 AM CDT

Where: University of Missouri, Kansas City
5115 Oak Street
Kansas City, Missouri 64112

Cost: The workshop and all materials provided are free!

Registration: Fax this form to (816) 285-1889 or email to shewmaker.cynthia@dol.gov

For More Information: Telephone Cynthia Smith Shewmaker at (816) 285-1857

- ☐ Individuals with disabilities who need special accommodations please check here.
- ☐ The attendees list will be available on request. Please check here if you do not want your name shared.

Workshop Registration Form

Registrants Name:	Title:
Company And/Or Association:	Address:
Telephone/Fax Number:	Email Address: